

FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <u>13150</u>	2. Fiscal Year Covered From: <u>1</u> / <u>1</u> / <u>2004</u> Through: <u>12</u> / <u>31</u> / <u>2004</u>
3. Name and address of person filing. Name <u>Wayd</u> <u>S</u> <u>La Pearle</u> P.O. Box, Bldg., Room No., if any _____ Street <u>532 Birchwood Road</u> City <u>Brentwood</u> State <u>California</u> ZIP Code + 4 <u>94513-6314</u>	4. Name, file number, and address of labor organization. Name <u>U.A. Local Union #393</u> Labor Organization File Number <u>028-029</u> P.O. Box, Building and Room Number, if any _____ Street <u>6150 Cottle Road</u> City <u>San Jose</u> State <u>California</u> ZIP Code + 4 <u>95123</u>
5. Position in labor organization. <u>Recording Secretary</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name <u>Plumbing Industry Apprenticeship</u> Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any _____ Street <u>780 Commercial Street</u> City <u>San Jose</u> State <u>California</u> ZIP Code + 4 <u>95112</u>	7.a. Nature of Interest, Transaction, or Income. <u>Wages earned for performing job duties of: Apprenticeship Field Coordinator, Weld Certification Coordinator from 11/1/04 through 12/31/04.</u> 7.b. Amount. <u>\$14,786</u>

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)	
Signed <u>Wayd S. La Pearle</u>	On <u>8/13/2005</u> <u>(408) 453-6330 Ext. 20</u> Date Telephone Number

Name of Person Filing <u>Wayd La Pearle</u>	File Number <u>U-</u>
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name <u>U.A. Local 393 Health and Welfare Fund</u></p> <p>Trade Name, if any: <u>c/o United Administrative Services</u></p> <p>P.O. Box, Bldg., Room No., if any <u>P.O. Box 5057</u></p> <p>Street <u>1120 South Bascom Avenue</u></p> <p>City <u>San Jose</u></p> <p>State <u>California</u> ZIP Code + 4 <u>95128</u></p>	<p>9. Business deals with:</p> <p><input type="checkbox"/> a. Labor Organization</p> <p><input checked="" type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name <u>U.A. Local Union #393 Health & Welfare Trust</u></p> <p>Trade Name, if any: <u>c/o United Administrative Services</u></p> <p>P.O. Box, Bldg., Room No., if any <u>P.O. Box 5057</u></p> <p>Street <u>1120 South Bascom Avenue</u></p> <p>City <u>San Jose</u></p> <p>State <u>California</u> ZIP Code + 4 <u>95128</u></p>	<p>11.a. Nature of such dealing.</p> <p><u>U.A. Local 393 Health and Welfare Trust sends labor and management trustees on an annual basis to educational seminars held by the International Foundation of Employee Benefit Plans. In 2004 the IFEBP Conference that I attended was in New Orleans, LA.</u></p> <p>11.b. Approximate dollar value of such dealing. <u></u></p> <p>12.a. Nature of interest held or income received.</p> <p><u>Reimbursement for travel expenses when I attended the IFEBP Conference in New Orleans, LA, from 12/1/2005 through 12/5/2005. \$1109.00 of this amount was for an initial trip to New Orleans in September of 2004 that was cancelled because of Hurricane Ivan.</u></p> <p>12.b. Amount. <u>\$2,554</u></p>

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name <u></u></p> <p>Trade Name, if any: <u></u></p> <p>P.O. Box, Bldg., Room No., if any <u></u></p> <p>Street <u></u></p> <p>City <u></u></p> <p>State <u></u> ZIP Code + 4 <u></u></p>	<p>14.a. Nature of payment.</p> <p><u></u></p>
<p>13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>	<p>14.b. Amount of payment. <u></u></p>